

BP - 130/80
P - 94/nt
H - 180 C.M
wt - 84 kg

Mr. Aniyel Kishan Pradhan
Age - 38 y/m

13/09/24

Reuly Diagnosed Hypothyroid

CBC - 11.7/5.74/6.37/224
FBS - 82, PP - 120
Creat - 1.09
Ured - 10
Lipid - 136/98/44/72.40
LFT - 27/35/66
HBA1c - 5.3
T3 - 0.82
T4 - 8.5
TSH - 15.800

1
- 2 tabs THYROX ^{50mg} ~~50mg~~ OD
- Cap ^{राजस्थान} Liqui B3 ^{once a week} x 8 week
(by Sunday)
- 2 cap Carosyn ^{for RTD} x 300d

Ad

- In IRON sample



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur.

S/B Dr Prasad Roy MS ENT

Name:- Anya Pradhan Age = 38y/W

No Active Complaint

On Exo. Rt of

EAC

Clear

Clear

Tr

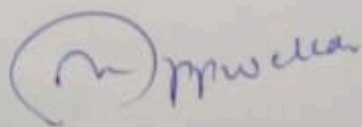


Nose

Amintaw

Fl Jm clear

Throat



ENT Examination is WNL

Prasad

13/4/24



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Aniya Kishor Bradhan Date 13/04/24

Sex/Age M/38 years MR No Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
NO				
COLOUR VISION				
RE Normal				
FUNDUS:(RE):-		(LE):-		
WNL		WNL		
INDIVIDUAL COLOUR IDENTIFICATION				
RE Good				
DISTANT VISION:(RE):-		(LE):-		
6/36 to 6/6		FC 3Mm H54		
NEAR VISION:(RE):-		(LE):-		
N6		—		
NIGHT BLINDNESS				
NAT				
	SPH	CYL	AXIS	ADD
RIGHT	-1.50			
LEFT				
REMARKS :- <u>LE Congenital Ptosis & Amblyopia</u>				

Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 621/2006



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Apollo Clinic


LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

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 **0771 4033341/42**

MR AMIYA KISHOR PRADHAN
Male 38 Years

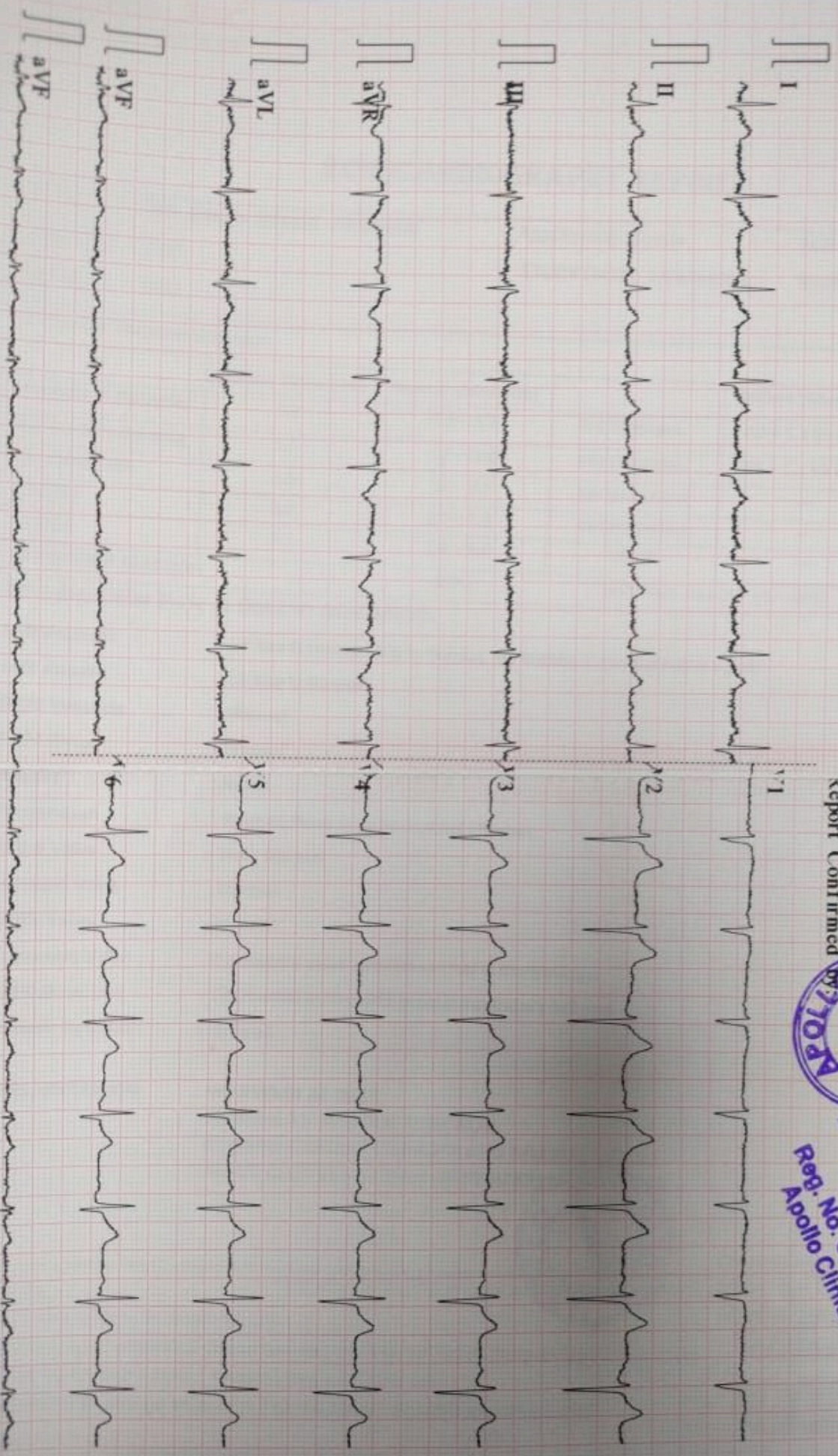
HR : 89 bpm
P : 108 ms
PR : 152 ms
QRS : 80 ms
QT/QTc : 322/392 ms
P/QRS/T : 31/34/39 °
RV5/SV1 : 0.60/40.527 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/201-
Apollo Clinic, Raipur



ECHOCARDIOGRAPHY REPORT

NAME : MR .AMIYA KISHOR PRADHAN	Age/Sex:38rs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 13/04/2024	REGN. NO. :FRAI.00000
Ref.By Dr : BOB		

M-Mode Measurements:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.2	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.1 ES = 1.4	0.6 – 1.1
LA Dimension	2.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.8	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	3.1	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION		> 60%	(NORMAL VALUE: 55 – 60%)		

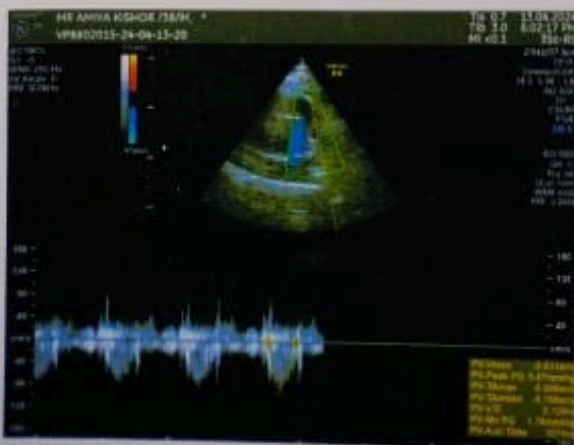
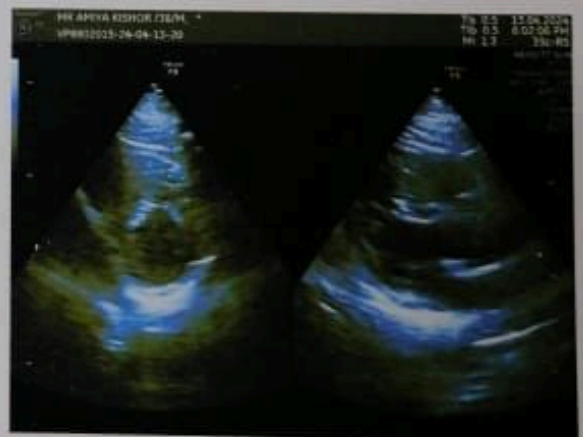
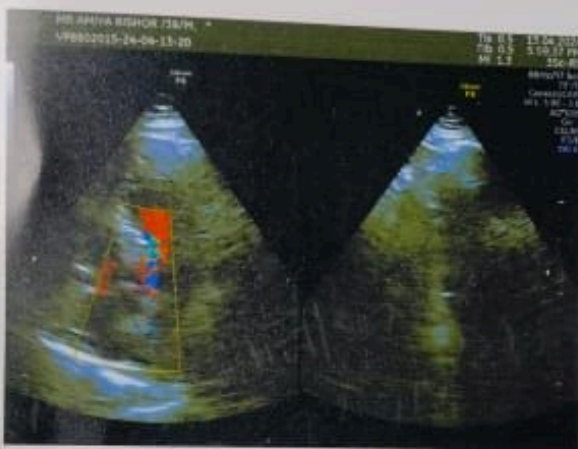
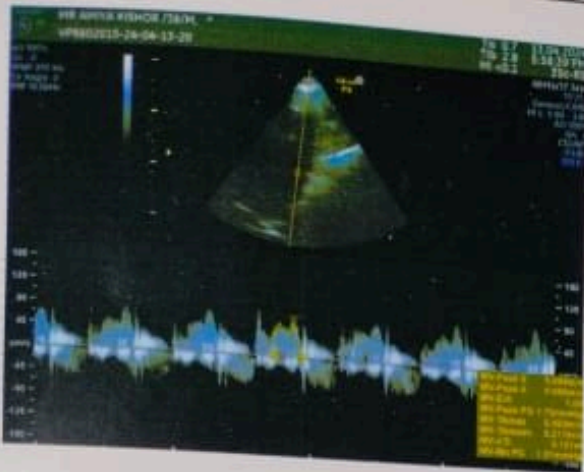
2D Echo, Color Flow & Doppler Assessment.

- Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
- Left Atrium : LA Size Is Normal
- Right Ventricle : Normal
- Right Atrium : Normal
- IAS/IVS : Intact
- Pericardium : Normal, there is no Pericardial Effusion.
- Mitral Valve : E>A , Normal
- Tricuspid Valve : Normal
- Aortic Valve : Normal
- Pulmonary Valve : Pulmonary valve appears normal in morphology.
- Systemic venous : IVC normal in size with normal Inspiratory collapse.
- Diastolic Function : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
 NORMAL LV SYSTOLIC FUNCTION.
 NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPAN DAS
 MBBS, DIP, CARDIOLOGY
 CONSULTANT, DEPT. OF NIC



PATIENT NAME:- MR. AMIYA KISHOR PRADHAN
REF BY :- BOB

AGE/SEX: 38 YRS/M
DATE:- 13.04.2024

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cc cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.98X4.16cm	11.69X4.80cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is enlarged in size measures weight 19.787 CC gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- GRADE - I FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS MCh
Consultant Radiologist
Reg. No. CGMC-2347200
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only and the definitive diagnosis findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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Online appointments: www.askapollo.com | Online reports: https://pnr.apolloclicnic.com

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NAME OF PATIENT; MR. AMIYA KISHOR PRADHAN

AGE: 38YRS/MALE

REFERRED BY: BOB

DATE: 13/04/2024

CHEST X - RAY PA VIEW

FINDINGS:

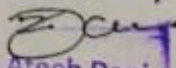
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY SEEN.

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
MBBS, MD
DR. ZEESHAN ATEEB DANI
Reg. No. CGA
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

Anuja Keshav

38 / m

H/O RC E 6+

Roots temp E 4+6

Advice Scaling e

Cap E 6+



Dr. Budha

~~Budha~~ Amer

7828251782



Patient Name : MR AMIYA KISHOR PRADHAN
 UHID/ MR No : 10229
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:52PM
 Ref. Doctor : SELF
 Sponsor Name :

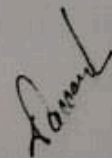
Age/Gender : 38 Y Male
 OP Visit No : OPD-UNIT-II-4
 Reported On : 13/04/2024 06:15PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	11.7	gm/dl	12 - 17
Method: CELL COUNTER			
Erythrocyte (RBC) Count	5.74	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	36	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	62.7	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	20.9	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	12.8	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	6.37	cells/cumm	3.50 - 10.00
Method: CELL COUNTER			
Neutrophils	60	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	34	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	01	%	1-6%
Method: CELL COUNTER			
Monocytes	05	%	4.0 - 12.0
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MR AMIYA KISHOR PRADHAN
UHID/ MR No : 10229
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:52PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 13/04/2024 06:15PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	120.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	82.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.09	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.62	mg/dL	2.6 - 7.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Amend

Patient Name : MR AMIYA KISHOR PRADHAN
 UHID/ MR No : 10229
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:52PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 38 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/04/2024 06:15PM


BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	27	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	35	U/L	0 - 41
ALKALINE PHOSPHATASE	66	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.75	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Dhananjay

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Patient Name : MR AMIYA KISHOR PRADHAN
UHID/ MR No : 10229
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:52PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 13/04/2024 06:15PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	224	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Dhananjay

Patient Name : MR AMIYA KISHOR PRADHAN
UHID/ MR No : 10229
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:52PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 13/04/2024 06:15PM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	136.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	72.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.09		3.5-5
Method: Spectrophotometric			


End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Amund

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 **0771 4033341/42**

Patient Name : Mr.AMIYA KISHOR PRADHAN	Collected : 13/Apr/2024 01:54PM
Age/Gender : 38 Y 0 M 0 D /M	Received : 13/Apr/2024 02:27PM
UHID/MR No : DSUS.0000007207	Reported : 13/Apr/2024 03:40PM
Visit ID : DSUSOPV8395	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.82	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.5	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	15.800	µIU/mL	0.35-5.5	CLIA

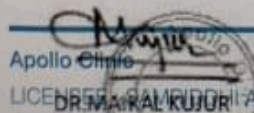
Kindly correlate with Free T3 T4 and clinically and repeat the test if discrepancy exist with fresh sample

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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 0771 4033341/42

Patient Name : MR AMIYA KISHOR PRADHAN
UHID/ MR No : 10229
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:52PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 13/04/2024 06:15PM



CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.010		1.001 - 1.030
Reaction (pH)	5.5		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	Occasional	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Dhananjay

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Patient Name : Mr.AMIYA KISHOR PRADHAN	Collected : 13/Apr/2024 01:54PM
Age/Gender : 38 Y 0 M 0 D /M	Received : 13/Apr/2024 02:26PM
UHID/MR No : DSUS.0000007207	Reported : 13/Apr/2024 03:39PM
Visit ID : DSUSOPV8395	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)





सत्यमेव जयते

भारत सरकार

Government of India



आधार

Issue Date: 09/08/2017



ଅମୀୟା କିଶୋର ପ୍ରଧାନ

Amiya Kishor Pradhan

ଜନ୍ମ ତାରିଖ / DOB: 08/07/1985

ପୁରୁଷ / Male



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6169 4387 8608

मेरा **आधार**, मेरी पहचान

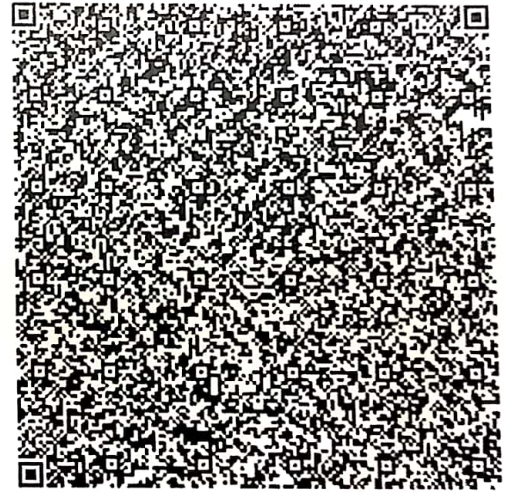


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



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ଲରମ୍ଭା, ଲରମ୍ଭା, ବରଗଡ଼, ଓଡ଼ିଶା, 768102



Print Date: 10/05/2022

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768102

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